

A hand is shown holding a small glass bottle of Doterra Dill Seed oil. The bottle has a label that reads "DOTERRA Dill Seed", "Dill", and "Seed". In the background, there is a plate of fresh green herbs and a small white bowl filled with dried dill seeds. The entire scene is set against a light, neutral background.

# HERBS & ESSENTIAL OILS

## *Planner*

# HERB:



Botanical Name:

Common Names:

Plant Family:

Common Uses:

Medical Uses:

Growing Cycle:

Annual ☐

Biennial ☐

Perennial ☐

How and where it grows:

Notes:

# Herbal Identification



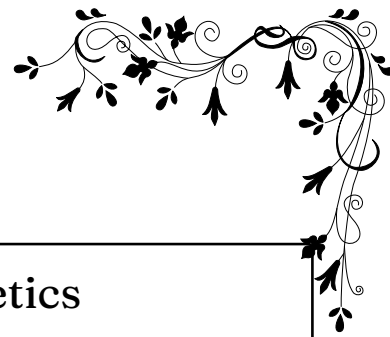
|         |  |
|---------|--|
| Drawing |  |
| Aroma   |  |

|              |  |
|--------------|--|
| Common Names |  |
| Latin        |  |
| Family       |  |
| Tradition    |  |

|                              |                             |                                  |
|------------------------------|-----------------------------|----------------------------------|
| Edible <input type="radio"/> | Toxic <input type="radio"/> | Endangered <input type="radio"/> |
|------------------------------|-----------------------------|----------------------------------|

|                       |       |
|-----------------------|-------|
| Botanical Description | _____ |
| _____                 |       |
| _____                 |       |
| _____                 |       |
| _____                 |       |
| _____                 |       |
| _____                 |       |
| _____                 |       |
| _____                 |       |

|         |       |
|---------|-------|
| History | _____ |
| _____   |       |
| _____   |       |
| _____   |       |



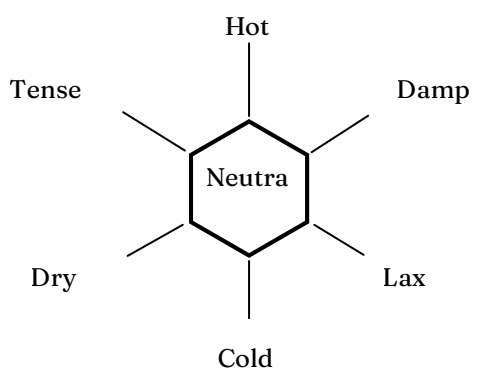
# Medical Properties

Taste

Parts Used

Active Compounds

## Energetics



## Actions

- |                                            |                                         |                                       |                                            |
|--------------------------------------------|-----------------------------------------|---------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Adaptogen         | <input type="checkbox"/> Anti-parasitic | <input type="checkbox"/> Cholagogue   | <input type="checkbox"/> Laxative          |
| <input type="checkbox"/> Alterative        | <input type="checkbox"/> Anti-pyretic   | <input type="checkbox"/> Choloretic   | <input type="checkbox"/> Nervine           |
| <input type="checkbox"/> Anthelmintic      | <input type="checkbox"/> Antispasmodic  | <input type="checkbox"/> Demulcent    | <input type="checkbox"/> Rubefaceient      |
| <input type="checkbox"/> Anti-catarrhal    | <input type="checkbox"/> Anodyne        | <input type="checkbox"/> Depurative   | <input type="checkbox"/> Sedative          |
| <input type="checkbox"/> Anti-depressive   | <input type="checkbox"/> Aperient       | <input type="checkbox"/> Diaphoretic  | <input type="checkbox"/> Spasmolytic       |
| <input type="checkbox"/> Anti-emetic       | <input type="checkbox"/> Aromatic       | <input type="checkbox"/> Diuretic     | <input type="checkbox"/> Stimulant         |
| <input type="checkbox"/> Anti-hemorrhagic  | <input type="checkbox"/> Astringent     | <input type="checkbox"/> Emetic       | <input type="checkbox"/> Styptic           |
| <input type="checkbox"/> Anti-inflammatory | <input type="checkbox"/> Bitter         | <input type="checkbox"/> Emmenagogue  | <input type="checkbox"/> Thymoleptic       |
| <input type="checkbox"/> Anti-lithic       | <input type="checkbox"/> Cardiac Tonic  | <input type="checkbox"/> Emollient    | <input type="checkbox"/> Tonic             |
| <input type="checkbox"/> Anti-microbial    | <input type="checkbox"/> Carminative    | <input type="checkbox"/> Expectorant  | <input type="checkbox"/> Trophorestorative |
|                                            |                                         | <input type="checkbox"/> Febrifuge    | <input type="checkbox"/> Vulnerary         |
|                                            |                                         | <input type="checkbox"/> Galactagogue | <input type="checkbox"/>                   |
|                                            |                                         | <input type="checkbox"/> Hepatic      | <input type="checkbox"/>                   |
|                                            |                                         | <input type="checkbox"/> Hypnotic     | <input type="checkbox"/>                   |

Specific Indications



# Preparations

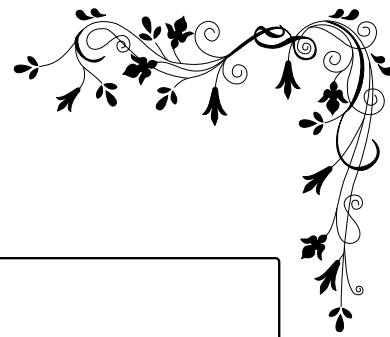
## Forms of Use

## Dosage / Duration

## Precautions & Contraindications

## Notes

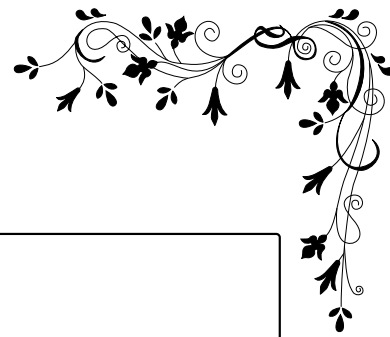
# Cultivation



|                                         |            |                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Native to                               |            | <div><div>1</div> a / b</div> <div><div>2</div> a / b</div> <div><div>3</div> a / b</div> <div><div>4</div> a / b</div> <div><div>5</div> a / b</div> <div><div>6</div> a / b</div> <div><div>7</div> a / b</div> <div><div>8</div> a / b</div> <div><div>9</div> a / b</div> <div><div>10</div> a / b</div> <div><div>11</div> a / b</div> <div><div>12</div> a / b</div> <div><div>13</div> a / b</div> |
| Soil Type                               | Position   |                                                                                                                                                                                                                                                                                                                                                                                                           |
| Water                                   | Plant When |                                                                                                                                                                                                                                                                                                                                                                                                           |
| Germination                             | Maturity   |                                                                                                                                                                                                                                                                                                                                                                                                           |
| Planting/Transplanting<br>& Propagation |            |                                                                                                                                                                                                                                                                                                                                                                                                           |
| Harvesting                              |            |                                                                                                                                                                                                                                                                                                                                                                                                           |

# Observation List

[illegible]



# Foraging Journal

Plant / Tree / Fungus

Parts Harvested

☐ leaves   ☐ flowers   ☐ fruit   ☐ roots   ☐ twigs   ☐ bark

DateTime

Recent Weather Conditions

Terrain

☐ mountain   ☐ forest  
☐ hill   ☐ river  
☐ beach   ☐ urban  
☐ moor   ☐ swamp  
☐ plain   ☐ tundra  
☐ marsh   ☐ desert  
☐   ☐

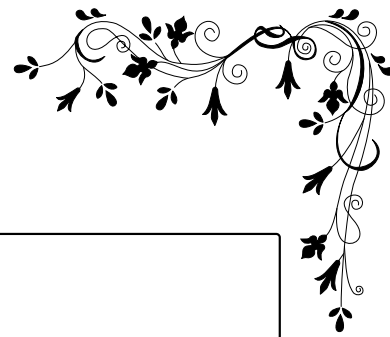
Intention

Meal   Medicine   Spell  
Art/Craft   Other

Abundance

Notes





# Foraging Journal

Plant / Tree / Fungus

What drew me to this plant?

Sound

Can I hear any sounds from the plant?  
(Swishing, Rustling, Creaking, Nothing?)

Are any creatures visiting?

Touch

How does the plant feel?

Sight

What color is it?

Where is it growing?

What other plants grow nearby?

Scent

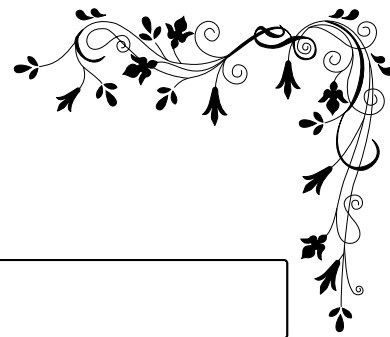
Notes

Taste

I am 100% confident in my plant identification & know this plant is not toxic

It tastes...

Sweet Sweet/Slimy Sweet/Soapy Sour/Astringent  
Sour Salty Bitter Pungent/Spicy Pungent/Numbing



# Plant Meditation

Plant / Tree / Fungus

Feelings

Thoughts

Knowing

Images

Sensations

[illegible]



# Essential Oil Blends

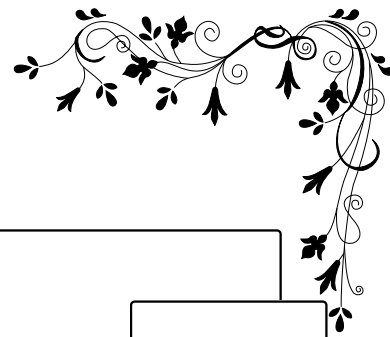
|            |      |
|------------|------|
| Blend name | Date |
|------------|------|

|                                                 |                                                                                                                                               |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <div>Purpose</div> <div>Secondary Purpose</div> | <div>Application method</div> <div><i>Aromatically</i></div> <div><i>Topically</i></div> <div><i>Internally</i></div> <div><i>Other</i></div> |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|

| Oils for Primary Purpose |     | Oils for Secondary Purpose |     |
|--------------------------|-----|----------------------------|-----|
| <input type="checkbox"/> | Qty | <input type="checkbox"/>   | Qty |
| <input type="checkbox"/> | Qty | <input type="checkbox"/>   | Qty |
| <input type="checkbox"/> | Qty | <input type="checkbox"/>   | Qty |
| <input type="checkbox"/> | Qty | <input type="checkbox"/>   | Qty |
| <input type="checkbox"/> | Qty | <input type="checkbox"/>   | Qty |
| <input type="checkbox"/> | Qty | <input type="checkbox"/>   | Qty |
| <input type="checkbox"/> | Qty | <input type="checkbox"/>   | Qty |
| <input type="checkbox"/> | Qty | <input type="checkbox"/>   | Qty |
| <input type="checkbox"/> | Qty | <input type="checkbox"/>   | Qty |

|             |              |
|-------------|--------------|
| Carrier Oil | Dilution Qty |
|-------------|--------------|

Notes



# Essential Oil Profile

|                   |             |
|-------------------|-------------|
| Oil name          | <div></div> |
| Botanical Name    |             |
| Country of Origin |             |
| Parts Used        |             |
| Color             |             |

|        |                          |            |                          |            |                          |
|--------|--------------------------|------------|--------------------------|------------|--------------------------|
| Edible | <input type="checkbox"/> | Topical    | <input type="checkbox"/> | Endangered | <input type="checkbox"/> |
| Toxic  | <input type="checkbox"/> | Child safe | <input type="checkbox"/> | Pet safe   | <input type="checkbox"/> |

## Fragrance Family & Sub Family

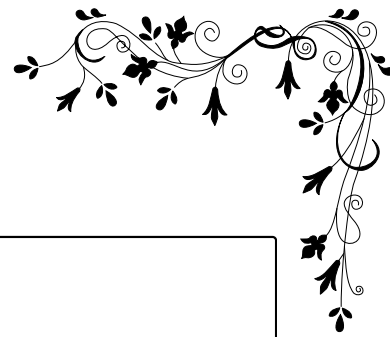
| Floral                                                     | Amber                                                   | Woody                                                                             | Fresh                                      |
|------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------|
| <i>Floral</i><br><i>Soft Floral</i><br><i>Floral Amber</i> | <i>Soft Amber</i><br><i>Amber Woody</i><br><i>Amber</i> | <i>Woods</i><br><i>Mossy Woods</i><br><i>Dry Woods</i><br><i>Aromatic Fougère</i> | <i>Citrus Fruity</i><br><i>Green Water</i> |

## Odor Intensity

|                  |             |                 |            |
|------------------|-------------|-----------------|------------|
| <i>Very High</i> | <i>High</i> | <i>Moderate</i> | <i>Low</i> |
|------------------|-------------|-----------------|------------|

| Blending Notes (s) |        |      |
|--------------------|--------|------|
| Top                | Middle | Base |

Notes



# Uses / Body Systems

*Cardiovascular*

*Digestive*

*Integumentary*

*Excretory*

*Endocrine*

*Immune*

*Musculoskeletal*

*Nervous*

*Respiratory*

[illegible]

[illegible]



# Herbal Apothecary

## Teas & Supplements



|                                                                                          |                                                                                                                   |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <p>Title: _____ Date: _____</p> <p>For: _____</p> <p>Ingredient: _____ Helped? Y / N</p> | <p>Tea? _____ Date: _____</p> <p>Supplement? _____</p> <p>Name: _____ Helped? Y / N</p> <p>Ingredients: _____</p> |
| <p>Title: _____ Date: _____</p> <p>For: _____</p> <p>Ingredient: _____ Helped? Y / N</p> | <p>Tea? _____ Date: _____</p> <p>Supplement? _____</p> <p>Name: _____ Helped? Y / N</p> <p>Ingredients: _____</p> |
| <p>Title: _____ Date: _____</p> <p>For: _____</p> <p>Ingredient: _____ Helped? Y / N</p> | <p>Tea? _____ Date: _____</p> <p>Supplement? _____</p> <p>Name: _____ Helped? Y / N</p> <p>Ingredients: _____</p> |
| <p>Title: _____ Date: _____</p> <p>For: _____</p> <p>Ingredient: _____ Helped? Y / N</p> | <p>Tea? _____ Date: _____</p> <p>Supplement? _____</p> <p>Name: _____ Helped? Y / N</p> <p>Ingredients: _____</p> |



# Herbal Tea Recipe

Tea name \_\_\_\_\_

Ingredients

☐

\_\_\_\_\_

☐

\_\_\_\_\_

☐

\_\_\_\_\_

☐

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Shopping List

☐

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☐

Good for health:

Notes

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



## Ingredients

[illegible]

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Notes : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Notes

